

## **PRINCIPLES OF PLANT CLASSIFICATION**

**Dates:** July 14-18, 2008

**Location:** Weber State University

**Instructors:** Dr. Steve Clark, Professor of Botany WSU; Nancy Clark, Science Teacher Northridge HS

**Credit:** Three semester hours - USOE or WSU

**Registration fee & deposit:** \$275; \$40 deposit payable to WSU

**Send registration & deposit to:** Dr. Sharon Ohlhorst  
Center for Science & Math—WSU  
2509 University Circle  
Ogden, UT 84408-2509

**Registration Contact Information:** Dr. Sharon Ohlhorst  
Center for Science & Math Education  
Weber State University  
801-626-6160  
csme@weber.edu

**Course Description:** This course is for Middle/Junior/High School science teachers. The curriculum closely aligns with 7<sup>th</sup> grade Integrated Science and Biology courses. This course will focus on collecting, preserving, and classifying local plant species. Participants will implement science skills in the field (low to moderate intensity hiking required) and laboratory, such as using anatomy, morphology, and ecology to define taxa and create classification systems and using data to perform simple statistical analysis. Specific attention will be given to problems facing classification systems. Participants will then use this knowledge to create lessons specific to their classroom objectives. Due to the nature of plant collecting and other assignments, some homework will extend beyond the one week course, so grades will not be available until fall semester.



# 2008 Science Professional Development Registration Form

*(Duplicate as Necessary)*

Mail to:

Workshop Contact:

**Sessions fill on a first-come basis. Register early to secure your place.**

Workshop Title	Date	Location	Registration Fee
			\$ 275.00

**Contact Information:**

Teacher: \_\_\_\_\_  
District: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade Level/Subject: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
School phone: \_\_\_\_\_  
CACTUS # : \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Commitment to Attend & District Approval:**

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: \_\_\_\_\_  
\_\_\_\_\_

Signature of Principal or District Representative indicates source of registration payment for workshop:

☐ **PERSONAL** Check # \_\_\_\_\_ enclosed **OR**

☐ **SCHOOL** \_\_\_\_\_ **OR**  
*Principal*

☐ **DISTRICT** \_\_\_\_\_  
*District Representative*

*\*Please contact your school or district to determine if approval is needed prior to registration.*

☐ Bill to This Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Return this completed registration form and your refundable deposit check to the above listed workshop contact.*

**A separate registration form must be submitted for each workshop you plan to attend.**